

8/28

FILED
Sep 22, 2002 8:00 am
Secretary of State

08-28-2002 90036 001 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000056205*
1. Entity Name
West 50 Grove Inc

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
1302 W. Fairbanks
Suite, Apt. #, etc.

3. Mailing Address
1302 W Fairbanks
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Park, FL
Zip
32789
Country
Orange

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Zip
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4. FEI Number
59-3663394
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name MOORE, JONATHAN AP
Street Address (P.O. Box Number is Not Acceptable)
1302 W FAIRBANKS
City WINTER PARK FL Zip Code 32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOORE, JONATHAN AP 1302 W FAIRBANKS WINTER PARK FL 32789
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: *8/26/02* (407) 539-1854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR